

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

682

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 14

15 DEATH 51 IDENCE 02	1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Yuma</u>	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA OR TOWN) <u>8 yrs. 1 mo.</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma</u>	
ENT INAL TA 174 6 154	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Yuma General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1508 S. Sixth Ave.</u>	
	3. NAME OF DECEASED A. (FIRST) <u>Edward</u> B. (MIDDLE) <u>A.</u> C. (LAST) <u>Johnson</u>		4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>
USE IF ATH A 18)	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Dec.</u> DAY <u>12</u> YEAR <u>1879</u>	8. AGE YEARS <u>74</u> MONTHS <u>1</u> DAYS <u>9</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Civil Engineer</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Nebraska</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>
ATIONS, OPSY ATH E TO ERNAL LENCE JICAL RONER'S ICATION	14A. FATHER'S NAME <u>Charles A. Johnson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>	15A. MOTHER'S MAIDEN NAME <u>Margaret Olson</u>
	16. INFORMANT'S SIGNATURE <u>Mrs. Edward Johnson</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>January 21 1954</u>	
GENERAL ECTOR IND ISTRAR	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>331X</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Posterior Lateral Sclerosis</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
GENERAL ECTOR IND ISTRAR	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
GENERAL ECTOR IND ISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 28, 1950</u> TO <u>Jan 20, 1954</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 20, 1954</u> AND THAT DEATH OCCURRED AT <u>3:20 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. ADDRESS <u>167 E. 3rd St</u>	
	23A. SIGNATURE (DEGREE OR TITLE) <u>Robert E. Rider M.D.</u>		23B. DATE SIGNED <u>1-21-54</u>	
GENERAL ECTOR IND ISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Jan. 23, 1954</u>	
	25A. DATE REC'D BY LOCAL REG. <u>Jan 23, 1954</u>		25B. REGISTRAR'S SIGNATURE <u>Maime Nelson</u>	
GENERAL ECTOR IND ISTRAR	24C. NAME OF CEMETERY OR CREMATORY <u>Acacia Lawn Memorial Park</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma, Yuma, Arizona</u>	
	26. FUNERAL DIRECTOR'S SIGNATURE <u>O. Johnson</u>		27. ADDRESS <u>Box 310 Yuma, Arizona</u>	